
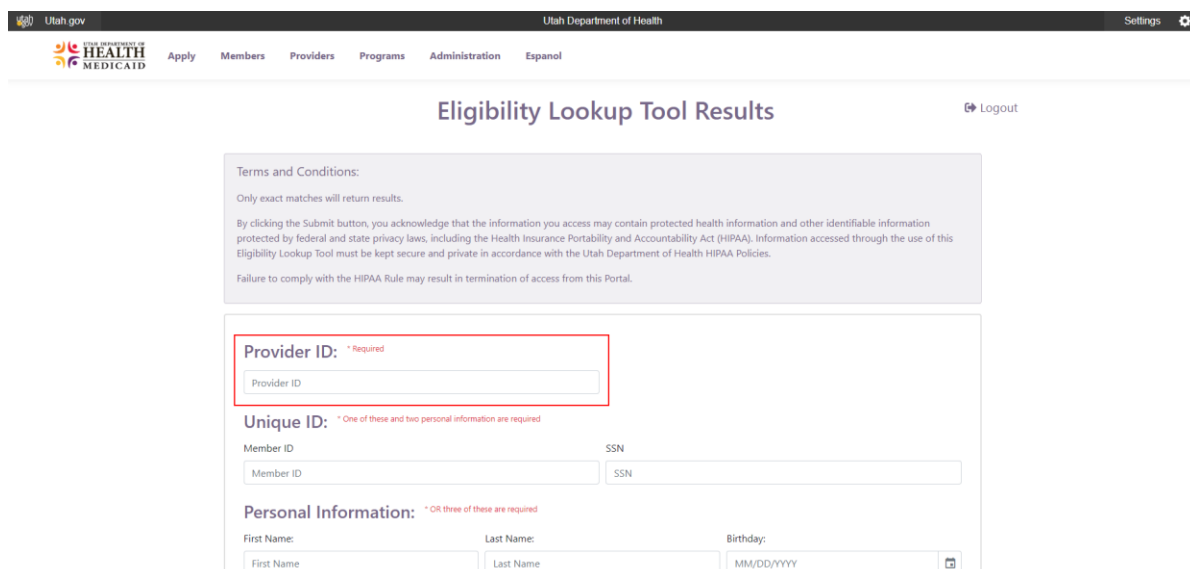


Please note that any HIPAA protected information has been obscured.

Begin by going to <https://elt.medicaid.utah.gov> and logging in with your Utah ID. If you do not have a Utah ID, you will need to create one by clicking on the Create Account link right below the LOG IN button.

The image shows the login page for the Utah ID Portal. At the top, there is a blue header with the text "Utah ID Portal" and a logo. Below this is a large background image of a desert landscape with a rock arch and snow-capped mountains. In the center, there is a white login box with the "Utah ID" logo and the text "Sign in to UtahID". Inside the box, there are two input fields: "Username or Email" and "Password". Below these fields is a checkbox labeled "Remember my username". A blue "LOG IN" button is positioned below the checkbox. Under the button, there are two links: "New here? Create Account" and "Forgot Password?". At the bottom of the page, there is a footer with links for "Terms of Use", "Security", "Privacy Policy", and "Accessibility Policy".

Once you are logged in, you will need to enter your 10 or 12-digit provider ID. This is always required for a search.

The image shows the "Eligibility Lookup Tool Results" page. At the top, there is a navigation bar with the "Utah.gov" logo, the "Utah Department of Health" name, and a "Settings" gear icon. Below the navigation bar, there is a row of links: "Apply", "Members", "Providers", "Programs", "Administration", and "Espanol". The main heading is "Eligibility Lookup Tool Results", and there is a "Logout" link. Below the heading, there is a "Terms and Conditions" section with a warning that only exact matches will return results and a disclaimer about HIPAA. The main form area contains three sections: "Provider ID:" with a required field and a "Provider ID" input box; "Unique ID:" with a note that one of two pieces of information are required, and two input boxes for "Member ID" and "SSN"; and "Personal Information:" with a note that three of three pieces of information are required, and three input boxes for "First Name", "Last Name", and "Birthday" (MM/DD/YYYY).

You will need to enter one of the following combinations:

- 1 unique ID and 2 personal information, OR
- 3 personal information

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Eligibility Lookup Tool Results

Logout

Terms and Conditions:

Only exact matches will return results.

By clicking the Submit button, you acknowledge that the information you access may contain protected health information and other identifiable information protected by federal and state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA). Information accessed through the use of this Eligibility Lookup Tool must be kept secure and private in accordance with the Utah Department of Health HIPAA Policies.

Failure to comply with the HIPAA Rule may result in termination of access from this Portal.

Provider ID: * Required

Provider ID

Unique ID: * One of these and two personal information are required

Member ID

Member ID

SSN

SSN

Personal Information: * OR three of these are required

First Name:

First Name

Last Name:

Last Name

Birthdate:

MM/DD/YYYY

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Eligibility Lookup Tool Results

Logout

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Provider ID: * Required

Provider ID

Unique ID: * One of these and two personal information are required

Member ID

Member ID

SSN

SSN

Personal Information: * OR three of these are required

First Name:

First Name

Last Name:

Last Name

Birthdate:

MM/DD/YYYY

Date of service is always required.

Date of Service: * Required

11/12/2019

Clear Submit

The submit button will remain disabled until all the required fields are completed correctly.

Provider ID: * Required

Unique ID: * One of these and two personal information are required

Member ID SSN

Personal Information: * OR three of these are required

First Name: Last Name: Birthday: MM/DD/YYYY

Date of Service: * Required

11/12/2019

Clear Submit

On the results screen, the request date will be shown for documentation purposes. This date will print with the results when you click the Print Results button.

If you click the Show Coverage Calendar, you can go back and forth between service dates without having to perform an entirely new search.

Utah.gov Utah Department of Health Settings

Apply Members Providers Programs Administration Expand

Request date: 11/12/2019

Show Coverage Calendar

Eligibility Lookup Tool Results

New Search Print Results Logout

Member	Member Benefit Type	Service Date
	Non-Traditional	11/12/2019

Member Information	Coverage Information																
<p>First Name:</p> <p>Middle Initial:</p> <p>Last Name:</p> <p>Gender:</p> <p>DOB:</p> <p>Age:</p> <p>Member ID:</p> <p>Case Number:</p>	<p>Eligibility Date Span: 11/01/2019 - 11/30/2019</p> <table><tbody><tr><td>Benefit Type:</td><td>Non-Traditional</td><td>Health Plan:</td><td>MOUNA-UT 1-888-483-0760</td></tr><tr><td>Eligibility Program Type:</td><td>Family Medicaid - Adult</td><td>Mental Health Provider:</td><td>SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763</td></tr><tr><td>Co-Pay Information:</td><td>Co-pay required for non-emergency use of ER, Outpatient hospital and Physician services, Pharmacy & Inpatient Hospital</td><td>Substance Use Disorder Provider:</td><td>SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763</td></tr><tr><td>Eligible Services:</td><td colspan="3">This member is eligible for medical and pharmacy services.</td></tr></tbody></table>	Benefit Type:	Non-Traditional	Health Plan:	MOUNA-UT 1-888-483-0760	Eligibility Program Type:	Family Medicaid - Adult	Mental Health Provider:	SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763	Co-Pay Information:	Co-pay required for non-emergency use of ER, Outpatient hospital and Physician services, Pharmacy & Inpatient Hospital	Substance Use Disorder Provider:	SOUTHWEST BEHAVIORAL HEALTH 1-800-574-6763	Eligible Services:	This member is eligible for medical and pharmacy services.		
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Eligible Services:	This member is eligible for medical and pharmacy services.																

Click on a date to see updated coverage. The legend at the top of the calendar will tell you the coverage type for a particular date of service (as will the popup when you hover over the date). It is important that you click on a date within the calendar to see the coverage details for each date of service in question to identify changes in eligibility, enrollment in managed care, or changes in eligible services and copay.

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Request date: 11/12/2019

Eligibility Lookup Tool Results

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Hide Coverage Calendar

Please select a date of service within the calendar to accurately view eligibility, plan enrollment, restrictions, and benefit information.

Legend:

Traditional

Non-Traditional

Emergency Only

QMB Only

UPP

CHIP

PCN

2017

2018

2019

January

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

April

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

July

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Member

Member Benefit Type

Service Date

To perform a search on another member, click on New Search. This will take you to the main screen and will retain your Provider ID.

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Request date: 11/12/2019

Eligibility Lookup Tool Results

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[Logout](#)

Show Coverage Calendar

Member

Member Benefit Type

Non-Traditional

Service Date

05/16/2019

Member Information

First Name:

Benefit Type:

Non-Traditional

Health Plan:

MOUNA-UT

Coverage Information

Eligibility Date Span:


05/01/2019 - 05/31/2019

If your search doesn't succeed, you will be taken to an error screen where it will give you an error message which explains why your search didn't succeed. It will also give you a summary of the search criteria you entered. If you click on re-try search, you will be taken back to the main screen to correct your information. You will not need to re-type all of the fields.


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We are sorry, we were unable to process your request. Please see the following for more information regarding the problem:

No match found. Entered information has to exactly match with the information in the database. Please check for typos in the information.

This was the search information you entered:
Provider ID:
Member ID:
SSN:
First name:
Last name:
DOB:
Date of Service: 11/12/2019
Please [click to re-try your search](#).

 [Re-try Search](#)



Cannon Health Building
288 North 1460 West
Salt Lake City, UT 84416

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Provider ID: * Required

Unique ID: * One of these and two personal information are required

Member ID

SSN

Personal Information: * OR three of these are required

First Name:

Last Name:

Birthday:

Date of Service: * Required

Clear

Submit